MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 ... 7 ...	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1		1				53						
4		1						54						
5		1						55						
6	1		1					56						
7		1						57						
8		1						58						
9	1		1					59						
10		1						60						
11				1				61						
12		3		1				62						
13	1		1					63						
14		1						64						
15				1				65						
16				1				66						
17		4	1					67						
18				1				68						
19				1				69						
20				1				70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			5					TOTAL IND.						
TOTAL DEP.			15					TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)